



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 46 Sheridan		District: 0819 Westby K-12 Schools					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	3	1	88	0.95	21	01/20/05	_____	_____
100	3	2	95	0.95	18	01/05/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
46 Sheridan		0822 Medicine Lake K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	100	0.95	47	01/06/05	_____	_____
100	7	1 ConA	17	0.50	47	01/06/05	_____	_____
100	7	2	72	0.95	47	01/06/05	_____	_____
100	7	3	58	0.95	47	01/06/05	_____	_____
100	7	3 Cnon	42	0.50	47	01/06/05	_____	_____
100	7	4	115	0.95	47	01/06/05	_____	_____
100	7	5	68	0.95	47	01/06/05	_____	_____
100	7	5 Cnon	28	0.50	47	01/06/05	_____	_____
100	7	6	72	0.95	47	01/06/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
46 Sheridan		0828 Plentywood K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	20	1	90	0.95	47	01/07/05	_____	_____
100	20	3	94	0.95	36	01/07/05	_____	_____
100	20	4	95	0.95	48	01/07/05	_____	_____
100	20	5	120	0.95	48	01/07/05	_____	_____
100	20	6	62	0.95	48	01/07/05	_____	_____
100	20	7	126	0.95	36	01/07/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
46 Sheridan		0831 Outlook K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	29	1	63	0.95	42	01/07/05	_____	_____
100	29	2	18	0.95	30	01/07/05	_____	_____